APPLICATION DATA SHEET

Application Information

Application number:: 09/784,793

Filing Date:: 02/15/2001

Application Type:: Regular

Subject Matter:: Utility

Title:: CONSOLIDIATED BILLING

SYSTEM AND METHOD FOR USE

IN TELEPHONY NETWORKS

Attorney Docket Number:: 1182a

Request for Non-Publication?:: Yes

Suggested Drawing Figure:: FIG. 2

Total Drawing Sheets:: 20

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship

Country:: USA

Given Name:: NOEL

Middle Name:: RAY

Family Name:: MARCHBANKS

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State or Providence of Residence:: TX

Country of Residence:: USA

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City of mailing address:: PLANO

State or Province of mailing address::

Country of mailing address:: USA

Postal or Zip Code of mailing address:: 74023

Applicant Authority Type:: Inventor

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Primary Citizenship

Country:: USA

Given Name:: WEBSTER

Middle Name:: S.

Family Name:: COFFMAN

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State or Providence of Residence:: TX

Country of Residence:: USA

Street of mailing address:: 1605 FLATWOOD DRIVE

City of mailing address:: FLOWER MOUND

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Country of mailing address:: USA

Postal or Zip Code of mailing address:: 75028

Applicant Authority Type:: Inventor

Primary Citizenship

Country:: USA

Given Name:: KENNETH

Middle Name:: M.

Family Name:: SAGER

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State or Providence of Residence::

Country of Residence:: USA

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City of mailing address:: IRVING

State or Province of mailing address::

Country of mailing address:: USA

Postal or Zip Code of mailing address:: 75063

Applicant Authority Type:: Inventor

Primary Citizenship

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Country:: USA

Given Name:: LEANN

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Family Name:: LIGHT

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Postal or Zip Code of mailing address:: 75061

Applicant Authority Type:: Inventor

Primary Citizenship

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Given Name:: LUIS

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State or Providence of Residence:: TX

Country of Residence:: USA

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City of mailing address:: ARLINGTON

State or Province of mailing address:: TX .

Country of mailing address:: USA

Postal or Zip Code of mailing address:: 76006

Applicant Authority Type:: Inventor

Primary Citizenship

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Country:: USA

Given Name:: JONATHAN

Middle Name:: D.

Family Name:: MACHA

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State or Providence of Residence:: TX

Country of Residence:: USA

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City of mailing address:: FRISCO

State or Province of mailing address:: TX

Country of mailing address:: USA

Postal or Zip Code of mailing address:: 75035

Correspondence Information

Correspondence Customer

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Fax Number:: (303) 938-9995

E-Mail address:: SWEBB@DSOBLAW.COM

Representative Information

Demonstrative Customers Mumbers	28004
Representative Customer Number::	20004
•	

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
THIS APPLICATION	Continuation of	09/154,962	09/17/1998

Assignee Information

Assignee name::

SPRINT COMMUNICATIONS COMPANY, L. P.